

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3996

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

062 CE OF DM 12 AND AL RESIDE 5	1. PLACE OF DEATH A. COUNTY Greenlee				2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Greenlee				
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) Duncan		C. LENGTH OF STAY IN THIS PLACE, IN ARIZONA 35 years		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL, OR TOWN Duncan				
	D. FULL NAME OF HOSPITAL OR INSTITUTION Duncan At home Box 121				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Main Box 121				
ECEDEN PERSON DATA 4 1 0	3. NAME OF DECEASED (TYPE OR PRINT) John Thomas Dees			4. SEX Male		5. COLOR OR RACE White			
	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH MONTH Dec. DAY 9 YEAR 1895		8. AGE 54 YEARS MONTHS DAYS		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Merchant	
	9B. KIND OF BUSINESS OR INDUSTRY Groceries		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Stonewall Co., U.S.A.		11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No (IF YES, WAR OR DATES OF SERVICE)		
	14A. FATHER'S NAME Texas		14B. BIRTHPLACE (STATE OR COUNTRY) Georgia		15A. MOTHER'S MAIDEN NAME Margaret Ann Short		15B. BIRTHPLACE (STATE OR COUNTRY) Texas		
	16. INFORMANT'S SIGNATURE Mrs. Hallie Craig Dees				ADDRESS Duncan, Arizona		17. DATE OF DEATH (MONTH) August (DAY) 10th (YEAR) 1950		
4X CAUS OF DEAT ITEM 0	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Cardiac Decompensation, Uremia ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Chronic glomerulonephritis DUE TO (C) Rheum. & Hypert. Heart Dis. II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs. ? ?	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)				
DEAT DUE 1 XTERN 'IOLEN	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT NOT WHILE M WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4/15/50 19 TO 8/10/50 19 THAT I LAST SAW THE DECEASED ALIVE ON 8/2/50 19 AND THAT DEATH OCCURRED AT 28 M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
MEDIC COROI TIFICA	23A. SIGNATURE John W. Mason (DEGREE OR TITLE) M.D.		23B. ADDRESS Safford, Arizona		23C. DATE SIGNED 8/11/50				
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 8/14/1950		24C. NAME OF CEMETERY OR CREMATORY Duncan Cem.		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) 1 mile S. West		
UNER IRECT AND EGISTR	25A. DATE REC'D BY LOCAL REG. 8/16/1950		25B. REGISTRAR'S SIGNATURE E. V. Romney		26. FUNERAL DIRECTOR'S SIGNATURE Heaton Kernit		ADDRESS		
					27. EMBALMER'S SIGNATURE Heather		CERT. NO.		